APPLICATION FOR UNITED STATES PATENT

Declaration and Power of Attorney

200.0.0			- 9	
As a below named inventor, I hereby	declare that:			
my residence, post office address and	citizenship are as stated l	pelow next to my nam	e; that	
I verily believe I am the original, inventor (if plural inventors are named bel			listed below) or	a joint
described and claimed in the attached spe I do not know and do not believe that my or our invention thereof, or patented invention thereof or more than one year pr United States of America more than one y made the subject of an inventor's certificat United States of America on an applicati months prior to this application, that I ach material to the examination of this applic invention has been filed in any country for legal representatives or assigns, except as	cification; that t the same was ever known or described in any printe ior to this application, that year prior to this application ite issued before the date ion filed by me or my lest knowledge my duty to dis- cation, and that no application to the United States of	n or used in the Unite ed publication in any t the same was not in ion, that the invention of this application in gal representatives or close information of vertion for patent or in	d States of Americ country before m public use or on sa has not been pat any country foreig assigns more tha which I am aware	ta before ty or our tile in the tented or ty to the n twelve which is the on this
is space must be filled in as follows:) If all corresponding applications out- le the U.S.A. were filed within one year the U.S. filing, list only the first such plication;				
) You must list all applications filed ore than one year prior to U.S. filing, tach a list if necessary and refer to it re;	ÁNCE 80 22537 of	f October 22,1	980	
) If there are no corresponding appli- tions, insert "NONE".				
is hereby claimed. I hereby appoint the revocation to prosecute this application and Harold C. Wegner, Reg. 28,055; and Helmuth A. Wegner addressed to:	nd to transact all business no. 25,258; Bar	in the Patent Office: ry E. Bretsch	neider, Reg	. no.
Suite 1920	N Street NW ington, D.C. 200 ade herein of my own knotrue; and further that these de are punishable by fine	36 owledge are true and the statements were made or imprisonment, or be	de with the knowle ooth, under Section	edge that 1001 of
Typewritten Full Name of Sole or First Inventor Given Name	an - Pierre ne Middle Initial	Family Name	LAN /	—— D
Inventor's Signature			con	aplas
Date of Signature	October	12		1981
	Month	Da	•	Year
Residence BOURG LA REINE City	State or Province		FRANCE Country	
7 Citizenship French Post Office Address (Insert complete mailing address, including country)	20, rue Arnoux 92340 - BOURG		ANCE	

This form may be executed only when attached to the specification (including claims) at the end thereof.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

^{*} Note to Inventor. Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.

PAGE 2 OF U.S.A. DECLARATION FORM (Discard this page in a sole inventor application)

3	Typewritten Full Name of	raical GEORGE				
	Second Joint Inventor (if any)	Given Name Middle Ini	tial Family Name			
		#s	and stake	(Soc		
*4	Inventor's Signature	V (NICOL ORON	<u> </u>		
*5	Date of Signature	October	12	1981		
-		Month—//	Day	Year		
*6	Residence VITRY S/SEINE	FRA	FRANCE			
	City	State or Province	Country			
*7	Citizenship Belge					
_		39, rue Henri de Vile	morin			
8	Post Office Address (Insert complete mailing	0.4.4.0.0 177				
	address, including country)	94400 VITRY S/SEINE -	· FRANCE			
3	Typewritten Full Name of Third Joint Inventor (if any)	Given Name Middle Initia	l Family Name	• •		
	Time Joint Inventor (II any)	Olven Ivalie Middle Middle	u ramny rame			
*4	Inventor's Signature					
* 5	Date of Signature			37		
	-	Month	Day	Year		
*6	ResidenceCity	State or Province	Country			
			Country			
*7	Citizenship					
8	Post Office Address					
	(Insert complete mailing					
	address, including country)					
3	Typewritten Full Name of					
	Fourth Joint Inventor (if any)	Given Name Middle Init	tial Family Name			
*4	Inventor's Signature			·		
*5	Date of Signature					
		Month	Day	Year		
*6	Residence					
	City	State or Province	Country			
*7	Citizenship					
8	Post Office Address					
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	address, including country)					
•	T 10 T 11 T 1			•		
3	Typewritten Full Name of Fifth Joint Inventor (if any)	Given Name Middle Initial	Family Name			
*4	Inventor's Signature	•				
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*5	Date of Signature	Month	Dov	Vac-		
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8	Post Office Address —	111,-11 12 13 14 14 14 14 14 14 14 14 14 14 14 14 14				
	(Insert complete mailing address, including country)					
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* Note to Inventors: Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.